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APPLICANTS

Walter A. Zohmann, Huntsville, UT;

** CONTINUING DATA *****
*none*** FOREIGN APPLICATIONS *****
*none*IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 08/31/2004

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 6	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Zohmann</i> Examiner's Signature	Initials			

ADDRESS

KIRTON & McCONKIE
 1800 Eagle Gate Tower
 60 East South Temple
 Salt Lake City , UT
 84111

TITLE

Fenestrated peripheral nerve block needle and method for using the same

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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